



HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, Pacific Tower 970
P.O. Box 616, Honolulu, Hawaii 96809
Telephone: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME: Debra Kaina STATE POSITION: Reg. Div. of Materials Mgmt
STATE AGENCY: HNSE - Hilo Medical Center STATE TEL. NO.: 808-974-4750
STATE MAILING ADDRESS:
1190 Waiannuene Avenue Hilo HI 96720

| 1 | DONOR | 2 | DESCRIPTION OF GIFT | 3 | DATE REC'D | 4 | GIFT VALUE | 5 | AGG. VALUE |
|---|-----------|---|--|---|------------|---|------------|---|------------|
| | MedAssets | | Waived conference Registration fee. | | 3/30/05 | | 200.00 | | 200.00 |
| | MedAssets | | Roundtrip airfare - Aloha Airlines Hilo to Las Vegas, NV | | 3/28/05 | | 742.00 | | 742.00 |
| | MedAssets | | Hotel room accommodation - 2 nights | | 3/29-30/05 | | 173.00 | | 346.00 |
| | | | Nothing Follows - Okaina | | | | | | |
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| 1 | DONOR | 2 | DESCRIPTION OF GIFT | 3 | DATE REC'D | 4 | GIFT VALUE | 5 | AGG. VALUE |
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Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Julia Harris

7/6/05

SIGNATURE

DATE